

Vaccine Usage Aggregate Report  
Massachusetts Department of Public Health

Site No Site Name

Contact Person

Date Submitted

Phone Number

58918

	<1			1			2-5			6-12			13-18			19-29			30-49			50-64			65+			Total	Doses *Reason Lost		
Hep B Pedi																															
Hep B Adult																															
DTaP																															
IPV																															
Pediarix																															
Hib																															
PCV7																															
Rotavirus (VFC Only)																															
Hep A Pedi																															
Hep A Adult																															
MMR																															
DT																															
MCV4 (VFC Only)																															
Tdap																															
HPV (VFC Only)																															
Td																															
PPV23																															

\*Please indicate the reason for vaccine doses lost or expired by using one of the following four codes:  
A. Spoilage/damage due to break in cold chain or refrigeration  
B. Damaged/Contaminated vials  
C. Discarding of remaining doses in opened multi-dose vials  
D. Expiration before use